

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	Y1	905	30541
<b>RESPONSE FORMALITY REVIEW</b>	T2	JC947	05129101

## INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)...	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final	9/2
Original	10/1
1 1	1/2
2 2	1/2
3 3	1/2
4 4	1/2
5 5	1/2
6 6	1/2
7 7	1/2
8 8	1/2
9 9 N	1/2
10 10	1/2
11 11	1/2
12 12	1/2
13 13	1/2
14 14	1/2
15 15 V	1/2
16 16	1/2
17 17	1/2
18 18 N	1/2
19 19	1/2
20 20	1/2
21 21	1/2
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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